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SERIAL NUMBER 10/729,076	FILING OR 371(c) DATE 12/05/2003 RULE	CLASS 029	GROUP ART UNIT 3726	ATTORNEY DOCKET NO. 1001.1687101
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
03/08/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 6	TOTAL CLAIMS 53	INDEPENDENT CLAIMS 12	
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged	<i>J. [Signature]</i> Examiner's Signature				
	Initials				

ADDRESS

28075

TITLE

Elongated medical device for intracorporal use

FILING FEE RECEIVED 2138	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
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